

Douglas J. Pick  
Eric C. Zabicki  
**PICK & ZABICKI LLP**  
Counsel to Debtor  
369 Lexington Avenue, 12<sup>th</sup> Floor  
New York, New York 10017  
(212) 695-6000

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
In re:  
RS OLD MILL, LLC ,

Chapter 11  
Case No. 17-22218 (RDD)

Debtor.  
-----X

**DECLARATION REGARDING AMENDED SCHEDULE E/F**

YEHUDA SALAMON, the sole and Managing Member of the above named debtor,  
hereby certifies under penalties of perjury as follows:

1. The Debtor filed a petition under chapter 11 of the Bankruptcy Code with this  
Court on February 13, 2017.

2. Filed herewith is the Debtor's Amended Schedule E/F. The information  
provided therein is true and correct to the best of the Debtor's knowledge and belief. Schedule E/F  
was amended for the sole purpose of deleting JLL as a potential creditor of the Debtor.

4. With the exception of the deletion of JLL's name and mailing address (330  
Madison Avenue, New York, New York 10017, Attn: Linda), no changes to the Debtor's creditor  
list or mailing matrix have been made in connection with the amendment described herein.

5. I hereby declare, pursuant to 28 U.S.C. §1746 and under penalty of perjury,  
that the foregoing is true and correct to the best of my knowledge and belief.

Executed on October 3, 2017

  
\_\_\_\_\_  
YEHUDA SALAMON

**Fill in this information to identify the case:**

Debtor RS Old Mill, LLC  
United States Bankruptcy Court for the: Southern District of New York  
Case number 17-22218 (RDD)  
(If known)

☒ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<b>2.1</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>                    </u>	\$ <u>                    </u>
Date or dates debt was incurred	Basis for the claim: <u>                    </u>		
Last 4 digits of account number <u>            </u>	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>      </u> )			
<b>2.2</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>                    </u>	\$ <u>                    </u>
Date or dates debt was incurred	Basis for the claim: <u>                    </u>		
Last 4 digits of account number <u>            </u>	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>      </u> )			
<b>2.3</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is: <u>                    </u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>                    </u>	\$ <u>                    </u>
Date or dates debt was incurred	Basis for the claim: <u>                    </u>		
Last 4 digits of account number <u>            </u>	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( <u>      </u> )			

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<b>3.1</b> Nonpriority creditor's name and mailing address <u>AKRF</u> <u>440 Park Avenue, 7th Floor Attn: Axel Schwendt</u> <u>New York, New York 10016</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$5,500.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Environmental Consulting</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.2</b> Nonpriority creditor's name and mailing address <u>Alpine Fine Construction</u> <u>12 Prag Boulevard Attn: Meshilem</u> <u>Monroe, New York 10950</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$210,000.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Construction Consulting</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.3</b> Nonpriority creditor's name and mailing address <u>Better Distributors</u> <u>106 Grand Avenue Attn: Volf</u> <u>Brooklyn, New York 11205</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$3,200,000.00</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Break Up Fee</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.4</b> Nonpriority creditor's name and mailing address <u>Bridgewater Capital</u> <u>54 West 47th Street Attn: Mark Junger</u> <u>New York, New York 10036</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,800,000.00</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Financing Fee</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.5</b> Nonpriority creditor's name and mailing address <u>Caps Skull</u> <u>1265 Coney Island Avenue Attn: Shea Hecht</u> <u>Brooklyn, New York 11230</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$35,000.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>General Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.6</b> Nonpriority creditor's name and mailing address <u>Eli City LLC</u> <u>16192 Coastal Highway Attn: Aga Worosz</u> <u>Lews, Delaware 11958</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$70,000.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Independent Contractor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$48,000.00
	Goldman Copeland	Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input type="checkbox"/> Liquidated and neither contingent nor disputed	
	229 West 36th Street Attn: John O'Brian	Basis for the claim:	
	New York, New York 10018		
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,200,000.00
	Instyle Interiors	Check all that apply.	
		<input checked="" type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	181 Locust Avenue Attn: Leo	Basis for the claim: Break Up Fee	
	Bronx, New York 10454		
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$172,000.00
	Lyncrest Consulting	Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	36 Lyncrest Drive Attn: Isaac Genuth	Basis for the claim: Environmental Consulting	
	Monsey, New York 10952		
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$23,823.00
	Mintz Levin	Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	One Financial Center Attn: Stuart Offner	Basis for the claim: Legal Fees	
	Boston, Massachusetts 12111		
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$400,000.00
	RFG	Check all that apply.	
		<input checked="" type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	5314-16th Avenue Attn: Avrumi	Basis for the claim: Break Up Fee	
	Brooklyn, New York 11219		
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	<b>Nonpriority creditor's name and mailing address</b> Romaro  12 North Federal Highway Attn: Peter Marcinek Pompano Beach, Florida 33062	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 115,000.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> Independent Contractor  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	<b>Nonpriority creditor's name and mailing address</b> Shefa Trans Pacific  21 Lyncrest Drive Monsey, New York 10952	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 50,000.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	<b>Nonpriority creditor's name and mailing address</b> UHCS Distributors  8160 New Utrecht Avenue Attn: Norman Brooklyn, New York 11219	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 140,000.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> Break Up Fee  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	<b>Nonpriority creditor's name and mailing address</b> Watermark Associates LLC  4401 21st Street Attn: Lazer Philipson Long Island City, New York 11101	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 2,800,000.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> Break Up Fee  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3:****List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.12. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor

RS Old Mill, LLC  
Name

Case number (if known) 17-22218 (RDD)

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$0.00

5b. Total claims from Part 2

5b. + \$10,269,323.00

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c. \$10,269,323.00